

Certified Peer Support Specialist Application Process Checklist

Please complete and submit the checklist below verifying that all required documents are enclosed with the application prior to mailing:

	Yes	No
1) Application Process Checklist	_____	_____
2) Completed Certified Peer Support Specialist Application	_____	_____
<ul style="list-style-type: none">• Do not alter the application from its original format.• Write legibly in only black or blue ink.• Do not use nicknames or abbreviated forms of your legal name.		
3) Copy of high-school diploma or General Equivalency Degree (GED)	_____	_____
4) Employment Summary completed and faxed by employer to the OCA (Applicable only to applicants who are employed by a provider agency)	_____	_____
5) Certificates of completion from one (1) of the four (4) evidence-based and/or best practice Peer Support Specialist Training Programs recognized by the TDMHDD below:		
<ul style="list-style-type: none">• Recovery Innovations, Inc.'s Peer Employment Training taught by a META-Certified Facilitator, <u>or</u>	_____	_____
<ul style="list-style-type: none">• Both of the following:<ul style="list-style-type: none">○ Introduction to Recovery & WRAP (WRAP I), taught by a certified WRAP trainer, <u>and</u>○ WRAP Facilitator Certification (WRAP II), taught by a certified WRAP trainer, <u>or</u>	_____	_____
<ul style="list-style-type: none">• Both of the following:<ul style="list-style-type: none">○ Introduction to Recovery & WRAP (WRAP I), taught by a certified WRAP trainer, <u>and</u>○ The four-day (4) Illness Management and Recovery (IMR) training taught by Kathleen Donegan and Norman Council, <u>or</u>	_____	_____
<ul style="list-style-type: none">• All (3) three of the following:<ul style="list-style-type: none">○ BRIDGES Teacher Training (applicant must have taught at least one (1) complete class annually since receiving certificate of completion), <u>and</u>○ BRIDGES Support Group Facilitator Training, <u>and</u>○ Peer Counselor Counseling Training Program, authored by Sita Diehl, Gregory Fisher, and Betty Blaska.	_____	_____
6) Three (3) completed Professional References	_____	_____
7) Signed Certified Peer Support Specialist Scoped of Activities	_____	_____
8) Signed Certified Peer Support Specialist Code of Ethics	_____	_____

This completed checklist verifies that my application packet has been completed prior to its submission.

Signature of Applicant

Date